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Canada

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C10-C

Job Sheet 185288



Part No: C10-C

Job Qty: 1 ea

Part Name: Single Cage



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 10/24/18

Job Tracking No:

Due Date: 11/23/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG C10-C REV 2

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                    |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation | 1 Ea  | 11/23/18   | 11/23/18 | 0.00      | 0.00    | Start Up Small Fab-1  |           |          |
| 100   | Small Fab          | 1 pcs | 11/23/18   | 11/23/18 | 0.00      | 0.00    | Small Fab-1           |           |          |
| 120   | QC                 | 1 pcs | 11/23/18   | 11/23/18 | 0.00      | 0.00    | QC5                   |           |          |
| 130   | Packaging          | 1 pcs | 11/23/18   | 11/23/18 | 0.00      | 0.00    | Packaging1-1          |           |          |
| 135   | QC                 | 1 pcs | 11/23/18   | 11/23/18 | 0.00      | 0.00    | QC4                   |           |          |
| 140   | Packaging          | 1 pcs | 11/23/18   | 11/23/18 | 0.00      | 0.00    | Packaging3-1          |           |          |
| 160   | QC21-SA            | 1 Ea  | 11/23/18   | 11/23/18 | 0.00      | 0.00    | QC21                  |           |          |

### Job BOM

| Part / Item   | Component Name                 | Quantity     | Operation             | Container         |
|---------------|--------------------------------|--------------|-----------------------|-------------------|
| 90576A118     | Cage Bumper Nut C45-15-11      | 1 pcs (1 ea) | 90-Start up Operation | 5085248           |
| AN12H40       | Bolt C10-31                    | 1 pcs (1 ea) | 90-Start up Operation | 5099982           |
| AN310-12      | Castellated Nut                | 1 pcs (1 ea) | 90-Start up Operation | 5004855           |
| AN8-37A       | 1/2-20 X 3.969" Bolt           | 2 Ea (2 ea)  | 90-Start up Operation | 5085877 (M138613) |
| C10-27        | Cage Weldment                  | 1 Ea (1 ea)  | 90-Start up Operation | 5134805           |
| C10-28A       | Lifting Bushing (No Swivel)    | 1 Ea (1 ea)  | 90-Start up Operation | 5005644           |
| C10-34        | Bumper                         | 1 Ea (1 ea)  | 90-Start up Operation | 5098664           |
| MS21044N8     | Nut, Self-Lock .500-20,UNJF-3B | 2 Ea (2 ea)  | 90-Start up Operation | 50841005 507535   |
| MS24665-363   | Cotter Pin                     | 1 Ea (1 ea)  | 90-Start up Operation | 5092509-1         |
| NAS1149C0663R | Washer                         | 1 Ea (1 ea)  | 90-Start up Operation | FM134573-15-1     |
| NAS1149F0832P | Washer                         | 6 Ea (4 ea)  | 90-Start up Operation | 5076018-1         |
| NAS1149F1232P | Washer                         | 2 Ea (2 ea)  | 90-Start up Operation | 5068664           |
| NAS1149F1232P | Washer                         | 2 Ea (2 ea)  | 90-Start up Operation | 5068664           |
| C10-28        | Swivel Bushing, C10/SWA10      | 1 Ea (1 ea)  | 130-Packaging         |                   |

SAF-T-EZE (M128063)

Job

| Operation             | Component Part |
|-----------------------|----------------|
| 90-Start up Operation | 90576A118      |
|                       | AN12H40 C10-31 |
|                       | AN310-12       |
|                       | AN8-37A        |
|                       | C10-27         |
|                       | C10-28A P      |



Container No: S135323



Part: C10-C

Job No: 185288

Serial No/Batch: S135323

Revision:  
Inspector:  
Exp Date:  
Instructions:

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CANADA  
TEL: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

Date: 12/06/18



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                    |               |   |     |   |
|------------------------------------|---------------|---|-----|---|
| 130-Packaging                      | C10-34        | 1 | 9   | 0 |
|                                    | MS21044N8     | 2 | 31  | 0 |
|                                    | MS24665-363   | 1 | 101 | 0 |
|                                    | NAS1149C0663R | 1 | 577 | 0 |
|                                    | NAS1149F0832P | 4 | 286 | 0 |
|                                    | NAS1149F1232P | 4 | 94  | 0 |
|                                    | C10-28        | 1 | 44  | 0 |
| <b>Part Specifications</b>         |               |   |     |   |
| Specifications could not be found. |               |   |     |   |

Plex 10/24/18 1:46 PM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                      |                          |                                   |                          |            |                          |                     |                          |             |                          |
|--------------------------------------------------------------|----------------------|--------------------------|-----------------------------------|--------------------------|------------|--------------------------|---------------------|--------------------------|-------------|--------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b>   |                          | <b>AGAINST DEPARTMENT/PROCESS</b> |                          |            |                          |                     |                          |             |                          |
|                                                              | Rework               | <input type="checkbox"/> | Skid-tube                         | <input type="checkbox"/> | Cross tube | <input type="checkbox"/> | Water Jet           | <input type="checkbox"/> | Engineering | <input type="checkbox"/> |
|                                                              | Scrap                | <input type="checkbox"/> | Machining                         | <input type="checkbox"/> | Small Fab  | <input type="checkbox"/> | Prod. Eng. Coord.   | <input type="checkbox"/> | Quality     | <input type="checkbox"/> |
|                                                              | Use-as-is            | <input type="checkbox"/> | Thermoforming                     | <input type="checkbox"/> | Finishing  | <input type="checkbox"/> | Rec/Store/Packaging | <input type="checkbox"/> | Other       | <input type="checkbox"/> |
|                                                              | Suspected Unapproved | <input type="checkbox"/> | Large Fab                         | <input type="checkbox"/> | Composite  | <input type="checkbox"/> | Supplier            | <input type="checkbox"/> |             |                          |

|        |         |                 |                       |
|--------|---------|-----------------|-----------------------|
| Date : | Step #: | QTY Effective : | MRB (QSI042) Approval |
|--------|---------|-----------------|-----------------------|

|                                         |                    |                                                     |
|-----------------------------------------|--------------------|-----------------------------------------------------|
| <b>Description Work Order Deviation</b> | <b>Disposition</b> | <b>Completed By</b>                                 |
|                                         |                    | <b>Lead hand / Supervisor Approval Verification</b> |
|                                         |                    |                                                     |
|                                         |                    | <b>QC / QA Coordinator Approval</b>                 |
|                                         |                    |                                                     |

|                    |                          |                       |                          |                        |                          |                                   |                          |                       |                          |                      |                          |
|--------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|--------------------------|----------------------|--------------------------|
| <b>Root Cause</b>  |                          |                       | <b>FAULT CATEGORY</b>    |                        |                          |                                   |                          |                       |                          |                      |                          |
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain                 | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld                  | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/> | Part Moved           | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing              | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/> | Finish               | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/> | Misread              | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> |                        |                          |                                   |                          |                       |                          |                      |                          |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> | <b>OTHER :</b>         |                          |                                   |                          |                       |                          |                      |                          |